



Guidance for Professionals on Harmful Sexual Behaviour

**Date Adopted: 23rd May 2022
Version 1**

Document Control

Title of document:	KBSP Guidance for Professionals on Harmful Sexual Behaviour
Authors job title(s):	KBSP Policy and Project Officer (OK)
Document version:	Version 1
Supersedes:	N/A New document created May 22
Date of Adoption:	Approved by the KBSP Keeping Children Safe Group on 23 May 2022
Review due date:	May 2025

Version Control

Version	Date	Reviewer	Change Made

Contents

Aims and Introduction	5
Prevalence.....	5
Legislation and Policy framework.....	6
Equalities Statement.....	6
Definitions	6
Terminology.....	7
Consent.....	7
Types of Harmful Sexual Behaviour (HSB)	7
Technology-Assisted Harmful Sexual Behaviour (TA-HSB).....	7
Sexual Abuse	8
Child Sibling Harmful Sexual Behaviour	9
Girls and Young Women who Exhibit Harmful Sexual Behaviour.....	9
Peer on Peer Harmful Sexual Behaviour	10
Child Criminal and Sexual Exploitation	11
Understanding Why it Happens	11
Prevention.....	13
Prevention in Educational Settings	14
Part 2: Multi-agency Response	15
Early Help and Interventions.....	15
Home Safety Planning.....	16
Developing and Managing the Plan	16
Children Returning from Custodial, Secure or Residential Settings	17
Young People Transitioning from Specialist Residential Facilities Back to Bristol.....	17
Bristol City Council Children Services: Referral for Children and Young People’s Statutory Interventions & Assessments (S. 17, S. 47, & CIC).....	18
Strategy Discussion	18
Section 47 Enquiries.....	19
Outcomes of Section 47 Enquiries - Child/ Young Person (victim).....	20
Referrals Which do not Meet Statutory Thresholds.....	20
Police & Crown Prosecution Service (CPS) - Criminal Proceedings & Pre-court Protocol Arrangement.....	21
Police	21
Crown Prosecution Service	22
Out of Court Disposals (O OCD).....	24
The O OCD Panel	24
Youth Offending Team (YOT).....	24

Delivery of Out of Court Disposals.....	25
Monitoring Outcomes	26
Enforcement.....	26
Prosecutions and Proceedings and Post court	26
Post Court.....	27
Appendix 1 – HSB Victim Referral Flowchart	28
Appendix 2 – HSB Referral Children Social Care.....	29
Appendix 3 – Useful information and contacts	30
Be Safe Service (Bristol)	30
Bristol City Council Safeguarding in Education Team (SET).....	30
Circles Southwest (CSW)	30
NSPCC Child Professional Helpline	30
Contact Details for Police	30
Bristol City Council Children Services - First Response Team.....	30
Early Help Teams.....	30
The Marie Collins Foundation.....	31
Appendix 4 – Useful Intervention & Guided Treatment for HSB	32

Aims and Introduction

Harmful sexual behaviour (HSB) is developmentally inappropriate sexual behaviour which is displayed by children and young people, and which may be harmful or abusive (derived from Hackett, 2014). HSB encompasses a range of behaviours, which can be displayed towards other children, peers or adults. HSB is harmful both to the children and young people who display it, the people it is directed towards and those who maybe indirectly impacted by it.

HSB can occur online and/or face to face and can also occur simultaneously between the two. Online behaviour is referred to as Technology Assisted HSB (TA-HSB). The NSPCC defined TA-HSB in its 2019 HSB Online Guidance as “one or more children engaging in sexual discussions or acts – using the internet and/or any image-creating/sharing or communication device – which is considered inappropriate and/or harmful given their age or stage of development. This behaviour falls on a continuum of severity from the use of pornography to online child sexual abuse.”

This Multi-Agency (MA) Guidance is for professionals working directly with children and young people in a variety of settings, including social workers, youth justice workers, teachers, nursery staff and youth workers. It also includes those involved in the care or supervision of children and young people in foster care, residential placements and supported housing pathways. It sets out how the Keeping Bristol Safe Partnership (KBSP) will respond to HSB ensuring children and young people under the age of 18 who display HSB towards other children and young people or adults are identified and responded to by professionals within the multiagency framework.

Prevalence

At the time of writing his document there is no national data set which specifically records HSB. Currently the way data is collected, and different sexual offences defined, figures do not capture certain sexual offences. Including those committed against 16 and 17-year-olds, such as rape, or sexual assault committed against children over the age of 13. In January 2020, the ONS published exploratory data looking at sexual offences where there is data to identify the victim or survivor was a child, showing that the police recorded over 83,000 child sexual abuse offences (including obscene publications) in the year ending March 2020. An increase of approximately 267% since 2013. Of these approximately one quarter of cases involve HSB by an under 18.

Girls are particularly vulnerable to sexual abuse, accounting for around 90 per cent of victims of recorded rape offences against 13- to 15-year-olds in England, Wales and Scotland. Of these rape offences one third were attributed to an under 18.

The Girlguiding's survey (2017) asked girls aged 13-21 about their experience of sexual harassment in school and 64% said they had experienced this in some way and in the recently published Ofsted [Review of Sexual Abuse in schools and Colleges](#) nearly 90% of girls, and nearly 50% of boys, said being sent explicit pictures or videos of things they did not want to see happens a lot or sometimes to them or their peers. Children and young people told us that sexual harassment occurs so frequently that it has become 'commonplace'. For example, 92% of girls, and 74% of boys, said sexist name-calling happens a lot or sometimes to them or their peers. The frequency of these harmful sexual behaviours means some children and young people consider them normal.

Legislation and Policy framework

Equalities Statement

In the formulation of this guidance, we acknowledge our duties under the Equality Act 2010 and our general and specific duties under the Public Sector Equality Duty. These General duties include:

1. Eliminate discrimination, harassment, victimisation, and other conduct that is prohibited by the Equality Act 2010.
2. Advance equality of opportunity between people who share a protected characteristic and people who do not share it.
3. Foster good relations across all protected characteristics between people who share a protected characteristic and people who do not share it.

This guidance has been produced in conjunction with [Working Together to Safeguard Children](#) (WT 2018) and National Institute for Clinical Excellence (NICE) [HSB amongst children and young people guidance](#) (2016). It acknowledges the recent Ofsted [review of sexual abuse in schools and colleges](#) (June 2021) and [The Relationships and Belonging Behaviour Regulation Guidance for Bristol](#) (2020) which sets out the position Bristol has taken in relation to supporting behaviour and relationships in educational settings and the development of a sense of belonging for all including those with social emotional and mental health (SEMH) needs. Further policies relating to safeguarding children in Bristol can be found on the [South West Child Protection Procedures](#) website and on the [KBSP](#) website

Definitions

There is no agreed cross governmental definition of HSB. For the purposes of this document when we refer to harmful sexual behaviour, we use the same definition as This guideline uses the NSPCC definition of harmful sexual behaviour: 'One or more children engaging in sexual discussions or acts that are inappropriate for their age or stage of development. These can range from using sexually explicit words and phrases to full penetrative sex with other children or adults.' (Harmful sexual behaviour: what is harmful sexual behaviour NSPCC).

Terminology

It is important to note that professionals need to remain aware of the negative effect of labelling children and young people as ‘young sex offenders’ or ‘young abusers.’ The use of ‘children or young people who display HSB’ is more appropriate as this terminology acknowledges that their development as a child or young person is the first and foremost consideration and that they are displaying or enacting behaviour(s) that need to be appropriately addressed to work towards change.

This guidance uses the term ‘peer on peer’ abuse. This means that the victim is a child but the person demonstrating the harmful behaviour is also a child. Children are deemed to have criminal responsibility from the age of 10 years however problematic/harmful sexualised behaviours may manifest below this age and the behaviour will still need to be addressed.

Consent

Please note that if a young person is under the age of 13 years old, they cannot legally consent to any form of sexual activity (Sexual Offences Act 2003). Therefore, a child protection referral is required in all such cases. Action in relation to 13, 14 and 15-year-olds: The Sexual Offences Act 2003 reinforces that, whilst mutually agreed, non-exploitative sexual activity between teenagers does take place and that often no harm comes from it, the age of consent should remain at 16. This acknowledges that this group of young people is still vulnerable, even when they do not view themselves as such. With this in mind in determining whether abuse has taken place several factors need to be considered:

- Absence of consent, the presence of power imbalance and exploitation which are common in all experiences of abuse
- The nature of the relationship between children/young people (that is the child and/or young person(s) who has harmed having authority over the child which has been harmed.
- The age difference and risks posed to younger children by older children (i.e. if one child is pre-pubescent and the other is not or has an age difference of more than 2 years)
- Age-inappropriate sexual behaviour
- Frequency and period the sexual activity has occurred
- The child/young person’s perception of the sexual behaviour
- Secrecy
- Use of force, coercion, threats
- Differences in developmental abilities

Types of Harmful Sexual Behaviour (HSB)

Technology-Assisted Harmful Sexual Behaviour (TA-HSB)

Technology is something, most children will use regularly either for school and college work, keeping in touch with friends or in finding out about the world. But

misuse of technology and online HSB is an increasing issue. TA-HSB is when children and young people use the internet or other technology such as mobile phones, tablets, to engage in sexual activity that may be harmful to themselves and others. TA-HSB covers a range of behaviour including the developmentally inappropriate use of pornography, sharing comprising and or sexual images, online sexual abuse, grooming.

According to OFCOM 2020/21 report [Children and parents: media use and attitudes report](#) the use of online technology has increased dramatically since the coronavirus pandemic in 2020, with restrictions placed on when we could leave the home, meaning increased amounts of time at home. There has been a surge in services such Zoom as people try to stay connected. Sites such as Snapchat, YouTube, Instagram and TikTok are being used by almost all r children aged 8-15. Concerns about these platforms include children and young people accessing harmful and age-inappropriate content and receiving unwanted sexual messages.

The [Internet Watch Foundation](#) has reported that they have blocked at least 8.8 million attempts by UK internet users to access videos and images of children suffering sexual abuse during lockdown. By giving parents and carers, the right information and support, they can be equipped to address any concerns they might have and take positive steps to prevent harmful sexual behaviour taking place.

Sexual Abuse

"Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing, and touching outside of clothing.

They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Children who are sexually harmed might:

- Avoid being alone with people, such as family members or friends
- Be frightened of a person or reluctant to be with them
- Show changes in their behaviour and moods, they may be become anxious, have difficulty concentrating, become withdrawn, aggressive, clingy, or exhibit behavioural issues at school or home including having issues with peers
- Show changes in their self-esteem, which may present in depression, self-harm, eating disorders or misuse substances, such as alcohol or drugs.
- Become sexually active at a young age or show behaviour that is sexually advanced and/or inappropriate for their age, which may include a lack of inhibition.
- Use sexualised language or knows information about sex that you would not normally be expected of a child of their age.

They may suffer physical symptoms because of HSB such as:

- Anal or vaginal soreness.
- Abdominal pain or cramps
- Suffer with frequent Urinary Tract Infections (UTIs)
- Unexplained bleeding and/or discharge from vagina and anal areas.
- Sexually transmitted infection (STI)
- Pregnancy.

This list is not exhaustive and children and young people will often display distress through their behaviour, a range of emotionally and psychological impacts. Any behaviour changes or signs of distress may indicate a child is experiencing sexual abuse.

Child Sibling Harmful Sexual Behaviour

Sibling Sexual Abuse (SSA) involving child siblings is thought to be the most common form of intra-familial child sexual abuse, perhaps up to three times as common as sexual abuse of a child by a Parent. Sibling sexual behaviour' is an umbrella term that may refer to any form of sexual behaviour between siblings. According to [The Centre of Excellence Child Abuse Centre](#) Sibling sexual abuse (SSA) is considered to be the most common form of child sexual abuse within the family setting in the UK. Children are more likely to be sexually abused by their siblings – brothers and sisters and stepbrothers and step-sisters – than by their parents. Yet, society's awareness of sibling sexual abuse has trailed behind other child abuse issues and concerns.

[Sibling sexual abuse](#) has the potential to be every bit as harmful as sexual abuse by a parent; with both short- and long-term consequences for children's physical and mental health and can lead to relationship difficulties throughout their lifetime. However, some sibling sexual interactions may be exploratory and mutual rather than abusive. Assessing the nature and quality of the sibling relationship is important when assessing the nature of the sibling sexual behaviour.

Girls and Young Women who Exhibit Harmful Sexual Behaviour

Most research on HSB is based on males so less is known about HSB in girls and young women. However, research suggests that girls with abusive sexual behaviours have experienced higher levels of sexual victimisation (including intra-familial sexual abuse, other forms of abuse and frequent exposure to family violence) than boys. In common with their male counterparts, young women who display HSB are often reported to have difficulties in school and to have relatively high levels of learning difficulties. HSB tends to be identified at a younger age in girls than in boys and tends to involve younger victims; it is less likely to involve penetration or coercion. Girls are less likely to be charged with an offence, in part because they and their victims tend to be younger. Based on current research the current profile of a girl who engages in sexually harmful behaviour can include:

- Those from particularly chaotic and dysfunctional family backgrounds
- More likely to have been a victim of sexual abuse (at least 66% of cases although many services put this figure much higher)
- Likely to have been a victim of physical and emotional abuse
- Frequent exposure to domestic violence
- Problematic relationships with parents/carers
- Tend to abuse fewer victims than boy offenders
- Victims are often younger than 10 years old and known to them
- Less likely than boys to have a criminal conviction already
- Less likely to penetrate victims
- More likely to commit abuse at a younger age compared to boys (ie average referral age of 10-12 years compared with average age of boys of 12-16 years)
- Likely to have difficulties in school and can have high levels of learning difficulties
- more likely to internalise feelings than boys and likely to suffer decreasing amounts of self-confidence (as opposed to boys whose self-confidence increases with age)

Peer on Peer Harmful Sexual Behaviour

Peer-on-peer abuse includes, but is not limited to:

- physical and sexual abuse
- sexual harassment and violence
- Hazing and initiation rituals
- emotional harm
- on and offline bullying
- teenage domestic abusive relationships
- Sexual bullying
- grooming for sexual and criminal exploitation.

[Ofsted's recent Review of sexual abuse in schools and colleges](#) (June 2021) revealed how prevalent sexual harassment and online sexual abuse is for children and young people. Nationally collected statistics show that there has been a sharp increase in reporting of child sexual abuse to the police in recent years with over 83,000 child sexual abuse offences (including obscene publications) in the year ending March 2020. This is an increase of approximately 267% since 2013. According to the Ofsted report research estimates indicate that approximately one quarter of cases of all child sexual abuse involve a perpetrator under the age of 18.

Although anyone can experience sexual harassment and violence, research indicates that girls are disproportionately affected. The NSPCC 2020 report [How Safe are our Children?](#) states 90% of recorded offences of rape in 2018–19 of 13- to 15-year-olds were committed against girls. In the past year, girls aged between 15 and 17 reported the highest annual rates of sexual abuse for young people and children aged 25 and younger.

Child Criminal and Sexual Exploitation

Children and young people are at risk of criminal and sexual exploitation and harmful sexual behaviour from outside of the home environment. This is sometimes called Extra Familial Harm (EFH). Young people are not always aware they are being groomed or exploited criminally or sexually. It can affect any child or young person (male or female) under the age of 18 years, including 16- and 17-year-olds who can legally consent to have sex.

The Department of Education Child Sexual Exploitation Guidance 2017 defines child sexual exploitation as follows: *Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur using technology.*

A child or young person at risk of EFH may show signs including:

- Going missing for periods of time or regularly returning home late
- Being truant from school or being disruptive in class
- Having unexplained gifts or possessions that can't be accounted for
- Having mood swings and changes in temperament
- Using drugs and/or alcohol
- Displaying inappropriate sexualised behaviour, such as over-familiarity with strangers, dressing in a sexualised manner or sending sexualised images by mobile phone ("sexting")
- They may also show signs of unexplained physical harm, such as bruising and cigarette burns

Understanding Why it Happens

Psychosexual development is a normal part of human functioning. We learn what, why and how relationships function and are influenced from an early age. As society and cultural norms have changed, so too have the accepted methods and content of communications and behaviours within relationships, including those of children and young people. The current external influences that young people are subject to through television, music and social media is much more sexualised.

Sexual exploration and experimentation are normal parts of development and important in shaping sexual identity and understanding of healthy and appropriate social and personal relationships. Adolescence is a time of the most significant physical, emotional and development change. It can be a period when sexual drives are at their most urgent, but some young people have less experience and understanding of sexuality and sexual boundaries. The below diagram comes from the work of Professor Simon Hackett and illustrates the continuum of sexual behaviour (2010).



A child's experiences are important in determining future outcomes. [Adverse Childhood Experiences \(ACEs\)](#) include child neglect and maltreatment (e.g. physical, sexual and verbal abuse) and the broader experiences of a child's home environment, such as witnessing domestic violence, parental substance misuse, criminality, experiencing parental separation and parental mental illness. Studies show a dose-responsive relationship between ACEs and poor outcomes, with the more ACEs a person suffers the greater their risks of developing health harming behaviours e.g. substance misuse, risky sexual behaviour.

Problematic sexual behaviours may emerge as a direct consequence of children's own experience of being sexualised through abuse or may represent a more complex and indirect response to trauma and neglect, and potentially represent significant attachment difficulties.

According to the [NSPCC Research briefing: harmful sexual behaviour \(Dec 2017\)](#) children & YP who display HSB may:

- Be upset or worried about change and or be dealing with early onset puberty
- Have seen inappropriate sexual material, sometimes accidentally, and want to try things out for themselves
- Be encouraged to engage in certain activities by others

- Have poor self-regulation and coping skills
- Experience social anxiety and a sense of social inadequacy.
- Have poorly internalised rules for social behaviour.
- Possess a poorly developed or primitive sense of morality.
- Lack secure and confident attachments to others.
- Exercise limited self-control and act out their emotional experiences through negative or otherwise inappropriate behaviour.
- Have little insight into the feelings and needs of others and, indeed, their own mental states.
- Place their own needs and feelings ahead of the needs and feelings of others
- Exhibit a poorly defined sense of personal boundaries.
- Have developed strong and not easily corrected cognitive distortions about others, themselves, and the world they share.
- Have deficits in social skills and in social competence overall

Prevention

Professionals will need to determine whether a child's sexual behaviour is part of healthy sexual development or if it is harmful. [The Healthy Sexual Behaviour Guide](#) by the Centre of Sexual Abuse helps define what is normal sexual behaviour at different ages, gives advice on spotting the warning signs, how to react to sexualised behaviour and what to do if worried. The primary, secondary, tertiary, and quaternary prevention and risk management approaches (McCartan, Prescott & Gotch, 2019) are also useful when working to address HSB and are as follows:

Primary - Raises public awareness of the reality of sexual abuse and dispels common myths about victims and individuals that have committed HSB. It enables individuals and communities to be better at identifying sexual abuse, risky behaviours and be better able to support people impacted by sexual abuse. With increased education leading to increased awareness and more proactive behaviour.

Secondary- Enables "at risk" populations to understand their potential risks, triggers, and their potential outcomes/impacts. Enables them to seek appropriate support and be empowered to seek help. Providing individuals and communities better understand of risk and therefore are better able to help people manage their own (potential) risk.

Tertiary - Working with those convicted of HSB sexual offences to hold them accountable for their past problematic behaviour, get support and move forward, integrate back into their communities. It helps to move individuals towards an offence-free lifestyle and encourage and empower people to manage their own risk.

Quaternary - Enables individuals to successfully integrate back into the community through supportive integration programmes that help the individual who has exhibited HSB, aid their entry and support them pro-actively to negate the range of policies and practices that negate their integration.

Prevention in Educational Settings

Children and young people spend much of their time in education and it is important educational settings take a whole school/college approach to developing a culture where all kinds of sexual harassment and online sexual abuse are recognised and addressed.

To achieve this, they need to create an environment where staff model respectful and appropriate behaviour, where children and young people are clearly educated about what is acceptable and unacceptable behaviour, and where they are confident to ask for help and support when they need it.

The recent [government report](#) to safeguarding children and young people in education advises that all staff working with children to maintain an attitude of 'it could happen here' and take a whole-establishment approach to keeping children safe. This should include setting out expectations that violence and harassment of any kind will not be tolerated, support children to have a good understanding of consent and healthy relationships and provide immediate support for victims of abuse. They should also be ready to respond appropriately to all reports and concerns, including those outside the school or college, and or online.

Where there are concerns about a child or young person's problematic or harmful sexual behaviour it is important that a risk assessment is undertaken as to what risk the child or young person may present within the school context to other pupils and staff. Further help and advice on this can be obtained from Be Safe. They also have guidance for schools and education settings on responding to problematic and harmful sexual behaviour in children and young people

Wherever possible excluding children and young people from education should be avoided unless they are a significant risk to pupils and or to staff and adequate levels of supervision cannot be provided.

The local authority Safeguarding, and Education Team (SET) provide advice, training, and guidance on HSB & peer-on-peer abuse within educational establishments which includes development of policy and practice and raising awareness of and training on peer-on-peer harm. Be Safe can provide advice and support to schools alongside SET for students on peer-on-peer harm. Details of SET, Be safe and other support services are available at Appendix 3.

Part 2: Multi-agency Response

Early Help and Interventions

Most young people who display HSB do not reoffend sexually as adults. Statistically, young people are more likely to get into trouble or be arrested for later non-sexual problematic behaviours than for sexual crimes (Hackett 2014). “It is not inevitable, or even highly likely, that most children with HSB will go on to perpetrate sexual abuse in adulthood.

In providing any intervention professionals should consider the level of risk, age, stage of development and need. Professionals should use the least intrusive level of intervention possible which should be informed by assessment. Agencies that co-ordinate interventions within Bristol are listed at Appendix 3.

Interventions should be flexible enough to meet the changing needs and the developmental status and age of the child or young person and include regular reviews. Interventions should be based on:

- A comprehensive assessment of the child or young person's family and social context. This includes their home, residential or secure placement or educational setting.
- Developmental stage, gender, learning ability, culture and religion
- Factors that may have contributed to the harmful sexual behaviour, such as their background, past care, or any trauma they may have experienced
- The harmful sexual behaviour itself.

Consideration should also include:

- Safety planning to reduce the risk they pose to others and themselves
- Engagement and working that takes account of their denial of the behaviour
- Sex and relationships education including consent, boundaries and social and moral considerations
- Empathy development
- How to make good choices to keep themselves and others safe sexually
- Emotional and self-regulation
- Life story work
- Understanding of their harmful sexual behaviour
- Victimisation
- Peer and social relationships.
- Community reintegration for those who have spent time in residential or secure unit
- Support for the development and review of future plans.

Most Interventions will be delivered within a community or family setting unless unsafe to do so. Working alongside foster carers and care staff when delivering interventions in residential, secure or custodial settings is essential. Consideration should be given to including family members when delivering interventions in residential, secure or custodial settings but only if it is safe to do so. [NICE Guidance](#)

provide information on working with this group of children and young people including supporting those in custodial settings. Further details for those returning home from residential and secure settings can be found in the next section – Home Safety Planning. All plans must include safety planning to reduce the risk the child or young person may pose to others in the same environment.

Home Safety Planning

Whether a child has been removed from their home for protective reasons or remains in the home a safety plan should be developed and used to manage risk and provide safeguards. The plan needs to be written in a way that is understandable to the child or young person and those supporting them, as well as others within the home including siblings, and other children and young people within a care placement (e.g. “foster siblings”). Parents or carers must be part of this process, as well as the young person where appropriate, and the plan should be reviewed three monthly or when there is a significant change in circumstances.

A Safety plan should consider that:

- The supervision provided is realistic
- The home or residential placement setting is safe, sleeping arrangements are appropriate and privacy rules are in place.
- Monitoring of technology use and the use of security settings and parental controls on technological devices to reduce the potential of further access to any inappropriate content and inappropriate online behaviour.
- There are clear rules on the state of dress around the house and limitations on contact e.g. play fighting, covering selves when walking around the house.

Further resources including family safety planning templates to help keep children and young people safe can be found at Appendix 3 of this document. These plans need to be adapted according to the needs of the child or young person and reviewed regularly.

Developing and Managing the Plan

The plan should be created which recognises the needs and strengths of the child or young person and the risks they may pose. Specific guidance to families should be given in relation to sibling abuse cases. The plan should include appropriate support for the child and family so they can take protective measures and identify any necessary services along support people within their own networks. These could include those which are therapeutic, and recovery based. The plan should encourage social activities which can help build a sense of belonging and promote self-esteem and resilience. The plan (which may be a safety plan, care and support plan, Looked After Child plan, Child Protection or CIN plan or Partnership Agreement) should be agreed with both the child and family or carers and be reviewed every 3 months or if there is a significant change in circumstances.

Children Returning from Custodial, Secure or Residential Settings

Planning for children that have harmed others sexually and who are returning to the community following a custodial sentence or time in secure accommodation or specialist residential facility is vital. Planning is essential prior to discharge to support a comprehensive risk assessment process, and supportive reintegration plan which should include, housing or placement and any associated risks, educational needs/employment, mental health needs and any therapeutic support requirements, supervision levels etc. This needs to be considered at **least six months** (minimum of three months) prior to a young person's release/discharge. Community based support could be provided by Circles of Support and Accountability, Southwest, but fees may apply. <https://circles-southwest.org.uk/>

Young People Transitioning from Specialist Residential Facilities Back to Bristol

Consideration must be given to support, care, and risk manage any young person who has harmed sexually and been placed in a specialist residential facility who then returns into alternative accommodation/placements in Bristol. This needs to be considered at the start of the placement and throughout and be reviewed at least **six months** (minimum of three months) prior to a young person's return. A plan should be developed which includes ongoing care and support needs, any ongoing risks, and strategies for managing those risks.

Reports from the placement provider are essential to this process with clear commitments to information sharing with potential future placement(s). The young person's social worker has the responsibility to ensure this takes place within the time frame together with organising the appropriate planning meetings. This should come under the looked after children planning and review processes and therefore there will be a role for the Independent Reviewing Officer. If the YOT are working with the young person, they should also be involved in this process.

For young people under 18 the Be Safe Service should also be contacted so that they can consider the most appropriate way that they can support this process, including consultation to the network, releasing any reports it may have written on the young person with consent, and potentially working directly with the young person going forward.

Community based support could be provided by [Circles of Support and Accountability Southwest](#), but fees may apply.

Bristol City Council Children Services: Referral for Children and Young People's Statutory Interventions & Assessments (S. 17, S. 47, & CIC)

When a referral is made into the Children's First Response Team it will be considered in line with statutory requirements of [Section 17 of Children Act \(1989\)](#) and whether a child is at risk of suffering significant harm.

On receiving a referral First Response may require additional information from a range of agencies to make an initial decision, in these cases it will be referred to the Bristol Multi-Agency Safeguarding Hub (MASH). This is where decision-makers from the key agencies bring together relevant, shared information and agree the appropriate response for the child and their family. A flowchart for the referral process into First Response can be found at Appendix 2

Referral outcomes could include:

- No further action, which may include information and signposting to other services
- Early help - referrals for intervention and prevention services within an Early Help Assessment and service
- A Child in Need assessment (Section 17 CA 1989) to be undertaken by Children's Social Care.

Strategy Discussion

Children's Social Care Services and the Police will convene a meeting in relation to the alleged child causing harm and the child harmed. Where there is reasonable cause to suspect that the child concerned is suffering or likely to suffer Significant Harm (Section 47). In these circumstances a different social worker should be allocated to the child(ren) who have suffered harm and to the child(ren) with the alleged abusive behaviour, even if they live in the same household.

This will ensure that both are supported through the process of the enquiry and their needs both children's needs are considered. If the Police are contacting the CPS for a charging decision for a suspect of HSB – this should also be discussed to agree that this is the right course of action. In complex situations where there are several children who have been harmed and/or displaying HSB the Strategy Discussion should appoint a Strategic Group to co-ordinate the overall investigation.

Care must be taken to ensure that the appropriate professionals attend the right meetings to ensure a full and accurate picture is achieved. This should include the Youth Offending Team (YOT), Be Safe, children's social care, education including educational psychology) and health agencies including Child and Adolescent Mental

Health Services (CAMHS) and the police, where appropriate. This will inform good multi-agency decision making.

The discussion will be conducted with a [Signs of Safety approach](#) and will also plan in detail the respective roles of those involved in the enquiries together with ensuring that the following objectives are met:

- Information relevant to the protection and needs of the alleged victim is gathered
- Any criminal aspects of the alleged abuse are investigated
- Any information relevant to any abusive experiences and protection needs of the child who has allegedly harmed sexually, is gathered
- Any information about the risks to self and others, including other children in the household, extended family, school, peer group or wider social network, is gathered
- Discussion and setting of timeframes. Timing of further Strategy meetings or assessments may be influenced by the Criminal Justice process if there is a possible criminal investigation
- How agencies are going to work together and decide who will conduct the specialist assessment(s) (joint or single agency) and who will take the lead. These could be specialist assessment such as AIM3.
- Agreement of plan for statutory agency no further action – information that can be shared with universal services and management of risk.

Child Protection services – following a Strategy Discussion an assessment and child protection enquiries to be undertaken by Children's Social Care (Section 47 CA 1989) with active involvement of other agencies.

Please note, that all strategy discussions involving Harmful Sexual Behaviour should refer to the Harmful Sexual Behaviour Strategy Discussion Aide Memoir <https://bristolsafeguarding.org/policies-and-guidance/child-sexual-abuse/>

Section 47 Enquiries

If the information gathered during the Section 47 Enquiry suggests that the child who is suspected or alleged to have harmed others sexually is also a victim, or potential victim, of abuse including neglect, a Child Protection Conference must be convened, and the Section 47 Enquiry process will be followed.

In these circumstances, relevant considerations include:

- The nature and extent of the harmful behaviours and the impact on the victim
- The context of the harmful behaviours
- The age of the children involved
- The child's development, gender, neurodevelopmental disabilities, special educational needs or disabilities, family and social circumstances

- Whether the child who has harmful sexual behaviours acknowledges their alleged behaviour
- Whether there are grounds to suspect that the child exhibiting harmful sexual behaviours has been abused or that any adults have been involved in the development of the harmful sexual behaviour
- The needs of the child to access appropriate services either as a victim or child who displays HSB and the risk posed to others, including other children in the household, extended family, school, peer group or wider social network.

The risk is likely to be present unless the opportunity to further abuse is removed, the child acknowledges the harmful sexual behaviour and accepted responsibility and there is agreement by the child and his/her family to work with relevant agencies to address the problem.

If during the assessment there are concerns about any risks to other children a Child Protection Multi-Agency Conference should be convened to develop:

- A written risk management plan in relation to any child identified as at potential risk; including educational and accommodation arrangements both for the child/young person who has harmed and the potential victim(s)
- Appropriate arrangement for the continuation of the assessment and the need for any further specialist assessment
- How the services to be provided will be coordinated, and impact on other statutory processes, such as an Educational Health and Care Plan or bail conditions

The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, and certainly no longer than 45 working days from the point of referral into First Response.

Outcomes of Section 47 Enquiries - Child/ Young Person (victim)

If the information gathered during the Section 47 Enquiry suggests that the child who has been harmed or the child who is suspected or alleged to have harmed others sexually is also a victim, or potential victim, of abuse including neglect, and they meet the Section 47 threshold, a Multi-Agency Strategy meeting must be convened.

The primary focus should be protection of all children involved and the avoidance of repetition of the harmful sexual behaviour. Where possible children and young people, have a right to be consulted and involved in all matters and decisions that affect their lives and the use of interpreter or advocacy services should be used to achieve this. Active participation with parents and carers should be promoted. The child, their parents/carers should always be advised of their right to seek legal advice and be supported through the process.

Referrals Which do not Meet Statutory Thresholds

In the event a referral does not meet statutory thresholds, or the level of need is not deemed to be high risk by children social care, the MASH Early Help Coordinators will work with families and partner agencies to identify the most appropriate support for the children, young people and families

Police & Crown Prosecution Service (CPS) - Criminal Proceedings & Pre-court Protocol Arrangement

The age that a child can be held criminally responsible is 10 years. The decision for there to be a police investigation must be made in a strategy discussion. If the police feel that because of their investigation, criminal proceedings are likely they will seek CPS advice for this. The strategy discussion should be attended by all relevant agencies including YOT and Be Safe and its purpose is to gather all information and views of agencies involved with the young person, as CPS will require this to make their decision.

Police

In dealing with any offence committed by a young person under the age of 18, when there is an admission of guilt, the police have a range of options available to them. These are:

- No further action (NFA)
- Community Resolution (CR)
- Youth Caution (Caution)
- Youth Conditional Caution (Conditional Caution or YCC)
- *Charge

Appropriate interventions can be delivered alongside these options, either by Be Safe or the YOT. However, if the child is charged, interventions will only be offered following conviction. *In cases where there is no admission of guilt, the police and/or CPS will decide whether to proceed to charge.

No Further Action means that there is no means of enforcing engagement in an intervention. There is no formal outcome recorded and the offence will not appear on the child's criminal record but could be included in an enhanced DBS check if considered relevant. This decision to disclose is made on a case-by-case basis taking into consideration Human Rights legislation, proportionality, necessity, and any other relevant factors.

If it is decided that a disclosure should be made, the police will write to the person to inform them that they intend to disclose the information held and give them the opportunity to make representations. If despite representations it is felt a disclosure is necessary, this is authorised by a member of Avon and Somerset's Chief Officer Group.

A Community Resolution is an informal outcome which is a means of dealing with an offence through informal agreement and should be delivered using restorative processes. It is recorded on local police systems and can be disclosed if relevant to an enhanced DBS check.

A Youth Caution is a formal warning given by the police. It may be given for any offence where the child admits the offence and there is sufficient evidence for a realistic prospect of conviction, but it is not in the public interest to prosecute.

If a caution or conditional caution has been issued will be taken into consideration if the young person offends again. Although not a finding of guilt by a court, a caution is an admission of guilt and as such a record of the caution will be kept by the Police and will appear on Standard and Enhanced DBS checks. This information can be made available to certain employers or future employers, such as when the employment involves working with children and other vulnerable people. It will also be cited in any future criminal proceeding.

If the offence, is one covered by the Sex Offenders Act 1997, the young person is required to register with the Police for inclusion on the Sex Offenders Register and comply with conditions imposed as if they had been found guilty by a court.

Charge As soon as it is thought the Crown Prosecution Service (CPS) may be required to authorise a charging decision, early advice must be sought from them. Further details on prosecution can be found later in this document. If the Police are going to contact the CPS for a charging decision for a suspect of HSB – they should discuss this as part of be a multi-agency discussion ie. strategy meeting to agree that this is the right course of action.

Crown Prosecution Service

The relevant factors that prosecutors should consider are included in [guidance](#) and summarised below. The weight to be attached to a particular factor will vary depending on the circumstances of each case. However, in deciding whether it is in the public interest to prosecute a person, prosecutors may exercise more discretion in relation to child sex offences (where the victim is a child aged 13-15) than for offences against children under 13.

Prosecutors should have regard to the following factors:

- The age and understanding of the offender. This may include whether the offender has been subjected to any exploitation, coercion, threat, deception, grooming or manipulation by another which has led him or her to commit the offence
- The relevant ages of the parties, i.e the same or no significant disparity in age
- Whether the complainant entered into sexual activity willingly, i.e Did the complainant understand the nature of his or her actions and that she/he was able to communicate his or her willingness freely
- Parity between the parties about sexual, physical, emotional and educational development
- The relationship between the parties, its nature and duration and whether this represents a genuine transitory phase of adolescent development
- Whether there is any element of exploitation, coercion, threat, deception, grooming or manipulation in the relationship
- The nature of the activity i.e penetrative or non-penetrative activity

- What is in the best interests and welfare of the complainant; and What is in the best interests and welfare of the defendant.

Where a defendant, for example, is exploitative, or coercive, or much older than the victim, the balance may be in favour of prosecution, whereas if the sexual activity is truly of the victim's own free will the balance may not be in the public interest to prosecute.

Similarly, it is unlikely to be in the public interest to prosecute children who are of the same or similar age and understanding - where the activity is truly consensual for both parties and there are no aggravating features, such as coercion or corruption. In such cases, protection will normally be best achieved by providing education to them and their families and access to advisory and counselling services.

The guidance goes on further to say that the Chief Crown Prosecutor or Deputy Chief Crown Prosecutor's must be notified of any such case where there are both defendants and victims under the age of 13. This includes cases which are diverted from prosecution, whether on evidential or public interest grounds.

When reviewing a case, in which a youth under 18 is alleged to have committed an offence contrary to sections 5 to 8, prosecutors should obtain and consider:

- The views of local authority Children's and Young People's Service
- Any risk assessment or report conducted by the local authority or youth offending service in respect of harmful sexual behaviour (such as AIM3)
- Background information and history of the parties and views of the families of all parties.

Careful regard should be paid to the following factors:

- The relative ages of both parties
- The existence of and nature of any relationship
- The sexual and emotional maturity of both parties and any emotional or physical effects because of the conduct
- Whether the child under 13 in fact freely consented (even though in law this is not a defence) or a genuine mistake to their age was made
- The impact of a prosecution on each child involved.

If a very young child has been a victim of sexually harmful behaviour by a youth, or a baby-sitter in a position of responsibility has taken sexually harmed a child under 13 in their care; prosecution is likely to be in the public interest. Where a child under 13, has not given ostensible consent to the activity, then a prosecution contrary to sections 5 to 8 is likely to be the appropriate course of action. There is a fine line between sexual experimentation and offending and in general, children under the age of 13 should not be criminalised for sexual behaviour in the absence of coercion, exploitation, or abuse of trust.

Out of Court Disposals (O OCD)

The formal youth justice system is not always the most appropriate mechanism for engaging children and young people in programmes that will help to reduce the risk of further HSB. Going through the justice system can be slow, traumatic, and stigmatising to children due to the nature of their offending behaviour and other people's response to it.

HSB can be dealt with outside of the Youth Justice System which ensures the appropriate interventions are delivered, and the victim's needs are met. However, there are some cases that should be dealt with via the Justice system, either because there is no admission of guilt, or the child is not willing to engage in a rehabilitation programme, or the offence is so serious that only a court sentence is suitable.

Referrals for Out of Court Disposals which can provide appropriate support, interventions and monitoring of those who exhibit HSB can be made via the O OCD Panel. O OCD can be considered at any time - If the case has already been put before the Court, the Court may decide to refer it back to the O OCD panel to consider whether an O OCD is appropriate. This requires a 6-week adjournment.

The O OCD Panel

Notifications of any young people who have been referred to an O OCD panel will be sent to YOT via group secure email box who will convene a Panel Meeting. The panel will be attended by a YOT team leader, YOT Business Support Officer, Victim Liaison Officer, Be Safe Practitioner, a Police officer (which will be a specialist child abuse investigator in more serious cases) and other professionals as and when relevant (social worker, early help worker, education representative etc.).

Youth Offending Team (YOT)

The YOT will use Asset Plus (generic youth justice assessment tool) and AIM3 (specialist HSB assessment tool) to assess the young person and offer them an intervention programme which are designed to tackle the reasons for the offending behaviour, prevent re-offending and repair some of the harm done. The assessment which should include the TAHSB Assessment Guide where appropriate, will be carried out before the panel meets, by a YOT Practitioner. This process takes six weeks and involves four to six meetings with the child and his/her parents/carers.

The police will provide the YOT practitioner with sufficient information to complete the assessment, and written guidance about any aspects of the case that must not be discussed with the child and his/her parents/carers.

The YOT Victim Liaison Officer (VLO) will contact the victim/victims and/or the victim's parents/carers to establish the victim's view about the offence, the impact upon them, their desired outcome and whether they are willing to engage in restorative justice (RJ). Specialist HSB RJ interventions are delivered by Be Safe and the YOT in partnership with the Green House service.

The YOT practitioner will produce a report for the panel, setting out an offence analysis, information about the child and the factors that affect the risk of future harm and the child's safety and well-being, a risk assessment and the proposed intervention level, content and length, and the reasons for this proposal.

The report will include the views of the child and his/her parents, and their attitude towards engagement with the proposed programme and restorative justice. The report will be made available to the panel members one week prior to the panel meeting. The victim's interest in Restorative Justice (RJ) should not impact on the decision of the panel about the proposed disposal, except for Community Resolutions.

The YOT can offer support to children who have been charged with a sexual offence during the court proceedings, as well as offering the Court a bail support programme that includes conditions to protect witnesses and the public. However, offence-specific programmes cannot be offered until the child has been convicted. Upon conviction, the YOT will provide a Pre-Sentence Report to the Court, setting out the most appropriate sentence option and the intervention programme that the YOT will deliver.

Delivery of Out of Court Disposals

Cautions are administered by the Police. The delivery and monitoring of the agreed programmes and conditions will be overseen by the YOT, but some elements may be delivered by other agencies including Be Safe. The YOT delivers OOCB programmes according to Youth Justice Board National Standards and Case Management Guidance which can be found here:

<https://www.gov.uk/government/collections/case-management-guidance>

The YOT uses the [Good Lives Model](#) as the basis for HSB interventions. It also uses the [Trauma Recovery model](#) to develop relationships with children and to determine the most appropriate methods for engagement and delivering interventions in the most accessible way. The YOT report all intervention completions to the panel so once a caution programme is completed, with a short progress report detailing work undertaken and progress made.

If Be Safe is delivering the intervention it will follow the National Institute of Clinical Excellence Guidance and use current evidence-based programmes that engage with the child/young person, parents/carer and system around them. Be Safe offer therapeutic intervention programmes over a 6-to-18-month period.

Programmes are holistic and address strength and concern factors, and potential drivers for the HSB and consider past trauma. Parent/carer involvement in the programme is required as well as the child/young person's involvement. Regular reviews are held with the child/young person and their parents/carers and their support system including social care, school/education and health professionals. A range of therapeutic approaches depending on the presentation and needs of the child/young people including systemic, narrative, strength based, CBT, and integrative approaches. Programmes may include individual, group and family interventions.

Monitoring Outcomes

The YOT is responsible for monitoring compliance with conditions and advising on non-compliance of the OOC. Failure to complete the interventions set (without good cause) may result in the withdrawal of the OOC and the young person may be prosecuted for the original offence. If the child commits any further HSB within 12 months of the panel decision, a review will be undertaken by the panel and its findings submitted to the KBSP Keeping Children Safe Group.

To ensure that decision-making has been appropriate and effective, the YOT will produce annual reports to panel members which will include successful completions of OOCs, enforcement action taken and uncompleted OOCs, and outcomes for children who have been prosecuted with progress made for court-ordered interventions.

Enforcement

If a young person fails to attend voluntary appointments, this will be followed up within 24 hours by YOT to find out why the child has not attended and what needs to be put in place to restore engagement in the programme. The YOT will be persistent in securing engagement, enlisting the support of other agencies where appropriate. For conditional cautions, the child will receive a formal warning if s/he cannot provide an acceptable reason for the missed appointment. If s/he fails a second appointment a final warning will be given, and a third missed appointment will mean the case is referred to the panel.

The Panel will review all information before deciding what course of action to take. A written justification for the panel's decision will be produced and placed on file. If the decision is to charge and prosecute, the case will be referred to the CPS. The police will administer other disposals, in conjunction with the YOT and/or Be Safe. The principles that should guide the decision-making are:

- Involvement in the YJS is at the minimum level that allows effective intervention to take place
- If not proceeding to Charge, the panel must be confident that child demonstrates commitment to engaging in the interventions that are offered

Prosecutions and Proceedings and Post court

This procedure applies to young people over the age of criminal responsibility (10 years) where there is no initial admission of the offences and the Police have made a decision to prosecute immediately because the offence is so serious or there are previous convictions. The following procedure applies:

If following a decision to charge, the young person appears at Court and enters a Not Guilty plea, the legal process continues and no AIM3 assessment is done at this point. Young people who deny the behaviour and entered a Not Guilty plea but are later found guilty will be subsequently assessed with the assessment used to inform the Pre-Sentence Report.

In all such cases it is important that an assessment is carried out. The young person and their parent/carers will be asked by the assessors to participate in this process.

If consent is not given, but concern remains, an assessment can still be undertaken drawing on existing information.

If a young person subsequently enters a guilty plea or is found guilty, the Court will request a Pre-Sentence Report and should be asked to give sufficient time for the YJS to complete an AIM3 assessment to inform the Pre-Sentence Report. The YOT will consult victims as part of the assessment process. If the child is remanded or sentenced to a secure establishment, the YOT will assess the child's safety and well-being at Court and provide information about the child to the secure establishment.

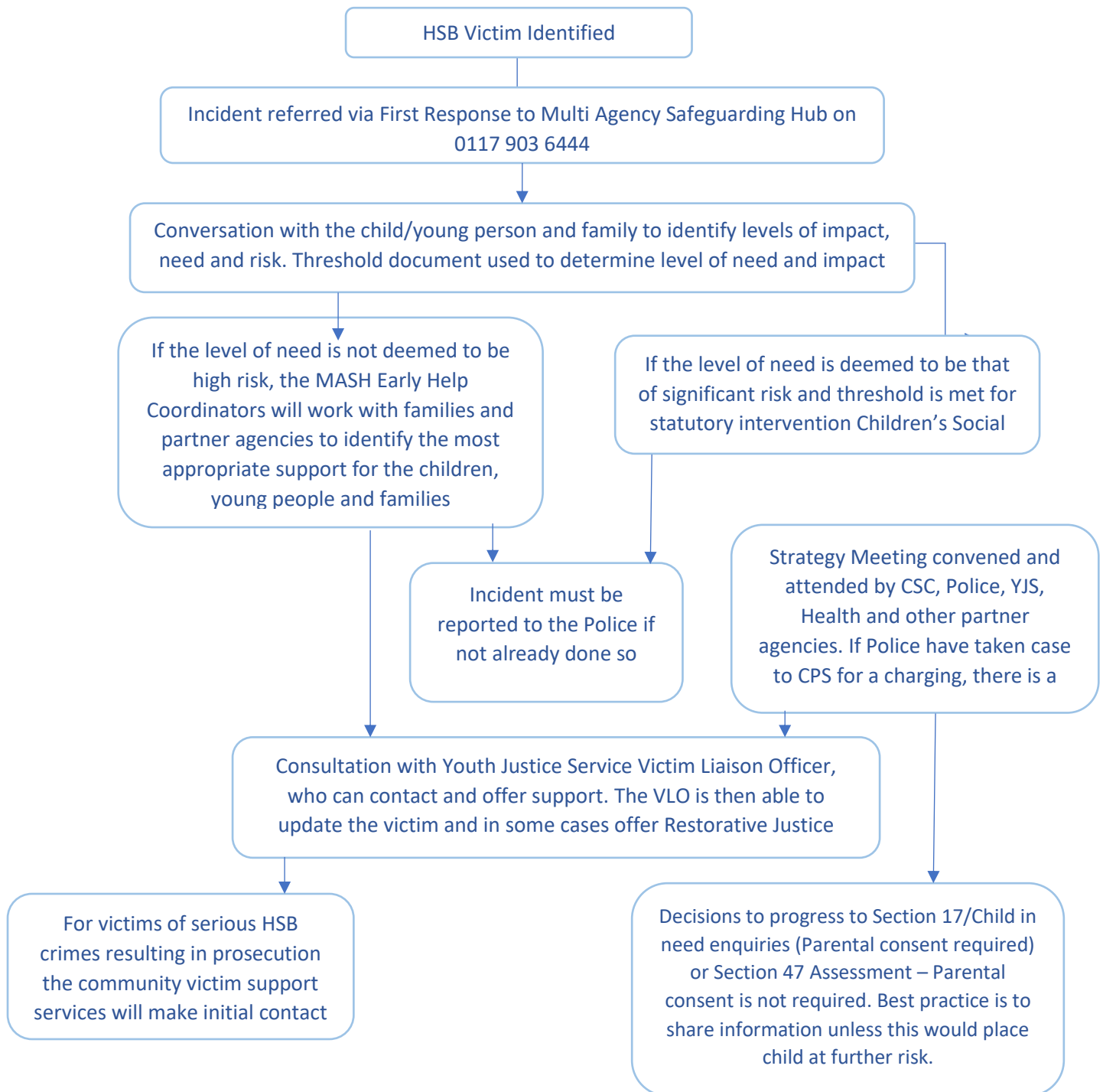
If the child is convicted, a referral by the YOT to the [Multi Agency Public Protection Arrangements](#) (MAPPA) in line with Procedure must be made if the criteria are met.

Post Court

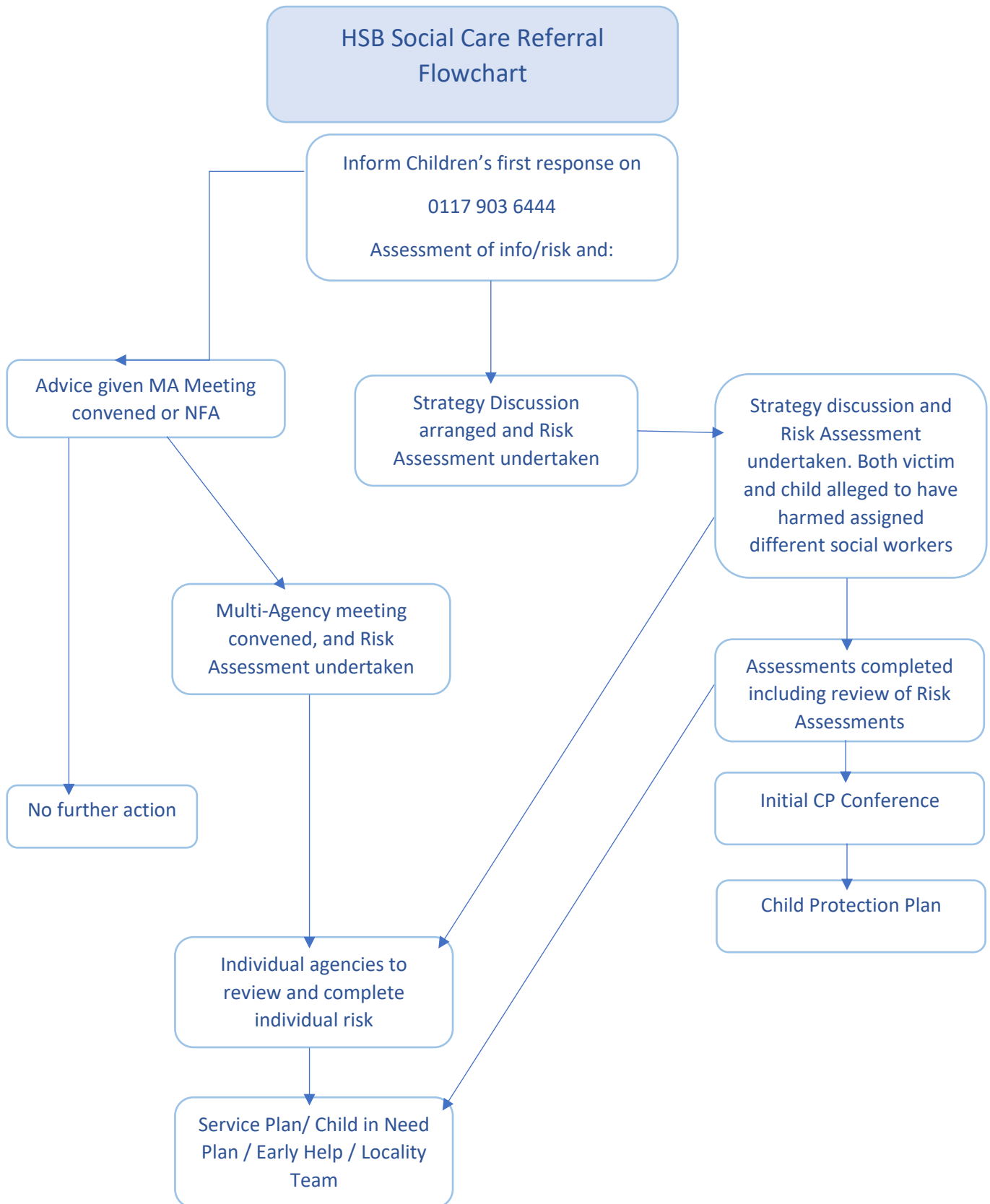
The YJS will work alongside the secure estate to ensure they have access to the most appropriate programmes but depending on the length of sentence and establishment placed it may not be possible for targeted HSB intervention to take place. The YJS will ensure that any licence or Notice of Supervision conditions imposed upon release include the need to participate in targeted HSB intervention.

At least **six months** prior to release from custody (or sooner if it is a short sentence) the YJS will participate in a multi-agency pre-release meeting to ensure that a robust resettlement plan is in place, please refer to 'Returning the Home Setting' for further details on re-integration.

Appendix 1 – HSB Victim Referral Flowchart



Appendix 2 – HSB Referral Children Social Care



Appendix 3 – Useful information and contacts

Be Safe Service (Bristol)

Be Safe Bristol which is a multi-agency partnership service working with children and young people with harmful sexual behaviour and their parents or carers in Bristol. Be Safe offers consultation, training, holistic assessment, and therapeutic intervention services which are trauma informed and strength based, and uses systemic, cognitive behavioural therapy, resolutions, relapse prevention and attachment-based approaches.

Contact details: Barton Hill Settlement 43 Ducie Rd Bristol BS5 0AX T: 0117 340 8700 <http://cchp.nhs.uk/cchp/explore-cchp/be-safe>

Bristol City Council Safeguarding in Education Team (SET)

Support education settings around their policies, procedures, and practice in promoting the safety and wellbeing of children and young people in Bristol.

<https://www.bristolsafeguardingineducation.org/>

Circles Southwest (CSW)

Circles of Support and Accountability (Circles) build safer communities through local volunteers working with sex offenders to minimise alienation, support reintegration and so prevent sexual reoffending. <https://circles-southwest.org.uk/>

NSPCC Child Professional Helpline

www.nspcc.org.uk Freephone: 0808 800 5000 (24 hour). Text: 88858

Contact Details for Police

999 for emergencies 101 to be directed to the Lighthouse Safeguarding Unit

Bristol City Council Children Services - First Response Team

T 0117 903 6444 for referrals. Outside office hours Emergency Duty Team – T 01454 615165

Early Help Teams

North Team: Tel 0117 903 8700,

South Team: 0117 903 1414 or 0117 3532200

East Central Team: 0117 903 6743

The Marie Collins Foundation

[The Marie Collins Foundation](#) provides advice and support for professionals on how to respond if a child they are working with is displaying sexually harmful behaviour. It will also signpost to further resources and advice.

To contact by helpline by email, please [click here](#) or call helpline practitioners on 0344 225062. The service is available from 8am - 8pm Monday – Friday

Appendix 4 – Useful Intervention & Guided Treatment for HSB

Interventions which can be used include:

- Individual group and/or family therapy
- Cognitive Behavioural Therapy
- Psychotherapeutic approaches
- Strengths-based approaches
- Systemic therapy
- Creative therapies including art, drama, music) group therapy

[NSPCC's PANTS Programme](#) has resources available in different languages, sign language and for children with learning disabilities and autism.

[Barnardo's Better Futures "Girls Talk"](#) for young women who have engaged in harmful sexual behaviour.

[The AIM Restorative Practice and Harmful Sexual Behaviour Framework and Practice Guidance \(Vince Mercer, 2020\).](#)

[AIM3 assessment and intervention models](#) is a structured checklist to assist professionals to identify and summarise protective and risk factors for children under 12 who have offended sexually.

[National Association for People Abused in Childhood Abuse \(NAPAC\)](#) abuse can happen in any relationship where there is a power imbalance, including a child's relationship with his or her peers. Booklet explains the nature of child-on-child abuse, where and how it can occur, and what to do to get help. Call them free 0808 801 0331 Monday to Thursday: 10am – 9pm Friday: 10am – 6pm.

[Parents Protect](#), a 90-minute child sexual prevention seminar, supported by a website and online learning programme aiming to give parents and carers information to keep their children safe.

Parents Protect also have a [family safety planning plan](#) template for use by parents to protect children and young people from harm.

[The National Centre on the Sexual behaviour of Youth](#) also provide [safety planning for parents](#)

[Lucy Faithfull](#) provides information and toolkits to help Eradicate Child Sexual Abuse (ECSA).

The Restore Programme [Disrupting the Cycle of Harm Report](#).

[NSPCC Change for Good Programme/Turn the Page for Adolescents](#).

The NSPPC have also undertaken research on [Technology Assisted Harmful Sexual Behaviour \(TA-HSB\)](#).